



GHANA EMPLOYERS' ASSOCIATION



AND

**INTERNATIONAL PROFESSIONAL MANAGERS'
ASSOCIATION (IPMA-UK)**

APPLICATION FORM

FOR

DIPLOMA IN INDUSTRIAL RELATIONS

Contacts: P. O. Box 2616, Accra, Tel.: 0302 678455 / 0262556143

Email: gea@ghanaemployers.com Website: www.ghanaemployers.com.gh

**APPLICATION FORM: GH¢120.00, PAYABLE IN CHEQUE OR CASH TO THE GHANA
EMPLOYERS' ASSOCIATION**

IMPORTANT: CANDIDATES ARE REQUESTED TO SEND THE COMPLETED FORM TO

The Coordinator
GEA Industrial Relations Diploma Programme
P.O.Box 2616, Accra
Tel: 0302 678 455 / 678 449
Email: gea@ghanaemployers.com
Website: www.ghanaemployers.com.gh

TO REACH THE COORDINATOR WITH THE FOLLOWING ENCLOSURES

- (i) Certified Copies Of Certificates And **Original Transcripts** of Academic Record
- (ii) Three (3) Recent **Passport** Sized Photographs
- (iii) Please Explain the Reasons for Wishing to Enrol on this Program. Kindly Attach Response on Separate Sheet.

Personal Data

1. Surname:
- [Dr.] [Mrs] [Mr] [Rev.] [Miss] Please tick as appropriate
2. First Name (In Full).....
3. Middle Name.....
4. Date of Birth.....
5. Place of Birth.....
6. Nationality
7. Marital Status
8. Address to which all communications in connection with this application should be sent
.....
.....
- Telephone
- Email:

(The Coordinator of the programme must be notified immediately of any changes of address)

9. Institutions Attended & Qualifications

S/ No.	Date	Institution	Qualification
1.			
2.			
3.			
4.			

10. (a) Current Employment:

(b) Town / Region Situated:

(c) Employment Sector (Tick as appropriate)

Public Sector []

Private Sector []

NGO []

11. Please indicate your position in your current organisation.....

.....

12. Sponsorship (tick as appropriate)

[] Employer

[] Self

[] Other (please specify).....

13. Record of Work

	EMPLOYER	POSITION IN ORGANISATION	DATE
i.

ii.

iii.

14. Please give the names and addresses of two (2) ACADEMIC / PROFESSIONAL referees, one of whom should be a lecturer / current or previous supervisor.

- i. Name
.....
Telephone:
Email:

- ii. Name
.....
Telephone:
Email:

15. Declaration

I, declare that the information provided above is valid.

Date

.....

Signature of Applicant

FOR OFFICE USE ONLY	
Application	P.O.No
Received and Acknowledged:	Date..... 20.....